



## TESTIMONY

Submitted by Tracy Wodatch, President and CEO  
The Connecticut Association for Healthcare at Home

Appropriations Public Hearing on the Governor's Proposed FY 23 Budget Adjustments for Conservation and Development Agencies

**February 16, 2022**

### **H.B. No. 5037 (COMM) AN ACT ADJUSTING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2023**

To the Chairs, Vice Chairs, Ranking Members and distinguished members of the Appropriations Committee, my name is Tracy Wodatch, President and CEO of the Connecticut Association for Healthcare at Home. I'd like to address HB 5037: An Act Adjusting the State Budget for the Biennium as it pertains to our current critical Workforce challenges.

As a bit of background, the Association is the united voice for the Medicare-certified, DPH-licensed home health agencies as well as several non-medical Homemaker-Companion Agencies. Together, our members provide services that foster cost-effective, person-centered home care for Connecticut's Medicaid population in the setting they prefer most – their own homes.

Home and Community-Based Service (HCBS) providers had a workforce problem prior to the pandemic due to severe Medicaid underfunding for well over decade. The workforce issues became a crisis during the pandemic due to piled on costs to provide care with added inflationary impact. Other sectors received added funding in last year's budget to assist with attracting staff, offering "stay" and "sign-on" bonuses—HCBS did not. We suffered by losing staff at an alarming rate to these entities who were able to pay more money, offer more benefits and overall, be far more competitive.

A good start (but by no means a final solution) to helping us get stabilized came from the ARPA HCBS funding proposed in August of 2021. Unfortunately, only partial funding came through in late January due to CMS approval delays and state plan amendment bureaucratic processes. We are still awaiting full approval from CMS to implement the final phases, AND Homemaker-Companion Agencies have yet to receive ANY of this funding.

The result?...Greatly reduced staffing, resulting in fewer Medicaid cases served in the community, less revenue for the providers and higher costs of care for the state...a vicious, unnecessary cycle.

To add to our Workforce woes, we have burdensome time-consuming hiring and onboarding processes mandated by our state regulations:

- We are required to comply with the state's ABCMS fingerprinting process at the state police barracks for an added cost of \$120 per hire. Processing time averages 2-3 weeks wait but as long as 3 months!
- CT is NOT a compact licensure state allowing RNs from other states to be hired using a shared licensure process.



- Onboarding and orienting staff in home health is unique as we must do so in people's homes—not in a facility where multiple staff can be oriented at one time.
- Home Health Aides (HHAs) are a required role called out in both our Medicare and state regulations—the role is becoming less and less desirable compared to the preferred PCA under state-funded waiver programming. Example, HHAs are assigned up to 6-7 cases per day usually at 1-hour clips requiring them to travel (in their own cars) to each home. PCAs can often work in one home for an all-day or evening shift (minimal travel).

We urge this subcommittee of the Appropriations to reconsider immediate investment in our workforce. Some areas to consider could be:

- Added funding to retain current employees through stay bonuses can counteract other offers with higher pay, more benefits, and generous signing bonuses
- Grants to build preceptor programs where we can hire and train less experienced nurses
- Dollars to invest in recruiting to attract healthcare workers; we can't compete with the large recruiting budget of hospital systems
- Approve CT to become a RN Licensure Compact state

The Workforce bleeding must be stopped or there will be no one to care for the tens of thousands of people who want to receive care in their homes.

Thank you for the opportunity to provide testimony.

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